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ESSAY

The Danger of Relying on Anti-Anxiety Drugs

Medications like Klonopin and Xanax can instantly bring physical calm, but freedom from anxiety requires facing your fears rather than masking them.

ILLUSTRATION BY MIKYUNG LEE

By Jenny Taitz
Jan. 26, 2024 9:30 am ET

One of my clients, Cameron, told me he always kept a low dose of the medication Klonopin on hand after he'd suffered a panic attack on a flight. It also helped when he was feeling on edge and stressed about his job in sales. Cameron explained that just knowing the pill bottle was in his bag was comforting, especially if he was anticipating a meeting he felt unprepared for or started to feel his heart fluttering.

"Klonopin makes me feel like I'm weightless, like I'm lying on a hammock," he told me, describing how the drug melted his stress away. His psychiatrist had prescribed it to help him ward off panic and advised him to take it "just a couple of times a week." He liked the feeling of calm it created and quickly upped his dosage to daily. Yet part of the reason he came to see me, besides his stress, was that he wasn't feeling especially fulfilled. And he became concerned after his boyfriend, a therapist in training, told him that his memory and focus seemed worse than ever, and that he should get help.

Many people don't think twice about unwinding with a prescription benzodiazepine that can instantly bring physical calm, such as Klonopin, Ativan or Xanax. More than 92 million prescriptions for these anti-anxiety drugs are filled in the U.S. each year. I do encourage some of my clients to consider taking psychiatric medications, especially for certain conditions where a prescription can be incredibly helpful, such as bipolar disorder. Medication can also be

helpful at the start of therapy, particularly if someone is struggling to the point where it's affecting their ability to participate in treatment.

But anti-anxiety medications belong in a different category. Benzos amplify a neurotransmitter known as GABA, which acts to inhibit neuronal activity and tamp down stressful sensations. It's no wonder clients and friends alike tell me that benzodiazepines help them quiet their bodies and minds so they can quickly fall asleep.

The problem is that when you start taking a benzo, the brain reduces its natural output of GABA, which means that tapering off the medication can result in even worse symptoms of anxiety, along with extremely unpleasant withdrawal symptoms. I've seen many of my clients become dependent on benzos and then have to detox, an experience that causes sweating, headaches, muscular pain, insomnia, irritability and nausea. Excessive benzo use can also cause aggressiveness and poor judgment, and increase the risk of dementia in the long term.

Robert Whitaker, a journalist and former director of publications at Harvard Medical School, explains that benzos were discovered in the 1950s when Hoffmann-La Roche, a pharmaceutical company, was developing medication to treat Gram-positive bacteria. The company noticed that after the drug was administered to lab mice on the verge of being electrocuted, the rodents behaved passively. Even on a low dose, the mice remained calm as they approached a device that would administer a shock.

In the 1960s, psychiatrist and pharmaceutical marketer Arthur Sackler, who you may have heard of in relation to the current opioid crisis, began advertising Valium as "mother's little helper" to women who felt depleted by stultifying days at home as housewives. The problem is, no substance can cure you of an unsatisfying life—not Valium then, nor the variety of benzodiazepines available now.

SHARE YOUR THOUGHTS

What has been your experience with anti-anxiety medications? Join the conversation below.

When it comes to navigating anxiety, facing your fears rather than running away from them—or drugging them into submission—is essential to reclaiming your freedom. Having uncomfortable emotions and sensations is normal. Taking a sedative is about escaping those sensations and emotions, when what we actually need to learn is to accept them. It's almost a painful paradox that in instances when we most need to think, this medication blunts the capacity to be shrewd. I told Cameron that if he continued to take a pill to "calm down," in case of a nerve-racking situation like turbulence, he was setting himself up to become dependent on the pill instead of learning to navigate his anxiety.

Dr. Tola T'Sarumi, an addiction psychiatrist and instructor at Harvard Medical School, says that she prescribes benzos in small amounts to people who have been hospitalized for an acute psychiatric problem, knowing that she'll taper them off this class of medication before they leave the hospital. But many people go on to use them for months and years, which creates complications and dangers, especially when, over time, you notice it's not working as well. "And so you increase it again, and keep increasing it. And then you begin to realize that

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you can't live without it," Dr. T'Sarumi explains.

"Anything that quickly changes how someone feels is going to have abuse liability," says addiction psychiatrist Arthur Robin Williams of Columbia University. The allure of a substance that can help you feel less anxious or lonely in minutes may be powerful, Dr. Williams says, but the immediacy of symptom relief is a huge red flag for risk of dependence: "Over time, that's going to lead to the quickest buildup of tolerance and the worst withdrawal." As Whitaker puts it, prolonged use of benzos can cause an "iatrogenic brain injury"—in other words, a medical treatment that causes a medical problem.

Another critical issue with these drugs is that people begin to rely on them as a coping strategy at the expense of other, healthier emotion regulation techniques. And while quitting benzos can be difficult initially, especially since the stress response during early abstinence can be more intense, Cameron and my other clients ultimately find that the effort is worth it. Without the medication, they have less anxiety and depression, and are better able to stay alert and engage with the world in all its ups and downs.

Jenny Taitz is a clinical psychologist and assistant clinical professor in psychiatry at the University of California, Los Angeles. This essay is adapted from her new book "Stress Resets: How to Soothe Your Body and Mind in Minutes," which will be published Jan. 30 by Workman.

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HIDE CONVERSATION (320)

Conversation 320 Comments

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RW **ROBERT WOODHAM**
29 January, 2024
OMG where did this woman come from?
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MN **Madeleine N**
29 January, 2024
I'm claustrophobic. I could PROBABLY overcome this with intensive therapy, but it really doesn't cause me issues on the day-to-day. However, if I were to need an MRI ever, I'd probably ask for a Valium. This IMO is what benzos are good for -- those one-off situations. Benzos should never ever be a maintenance medication.

Side note: there was a recent WSJ puff piece about a new benzo-like drug for postpartum depression. Yet another "mother's little helper". I was muted by WSJ for commenting that this was probably a bad idea.
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MS **Mallory S**
29 January, 2024

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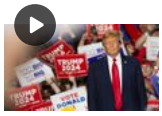
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Excellent article WSJ. I became dependent (not addicted) on Ativan over a decade ago. After a few years up upping dosage it hit me that the drugs were masking being uncomfortable which made me think long and hard. Why couldn't I just deal with and work through being "uncomfortable"? I stopped cold turkey, which was not pleasant, but to me, necessary. It's been many years and I do not take any medications and rarely touch alcohol. I feel better knowing I can work through the hard and uncomfortable times. I do wonder what good opportunities I may have missed in the past due to doping myself from being "anxious."

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MN **Madeleine N**
29 January, 2024

I am glad you are okay Mallory, but FYI to anyone else having these issues: it is VERY DANGEROUS to stop sedatives such as Ativan and alcohol cold-turkey because your nervous system, used to being suppressed, can overload and give you seizures. It is best to contact a doctor for a taper plan.

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GG **Gregory G**
29 January, 2024

nail on the head! congrats!

1 ▪ Share

BM **brian murray**
29 January, 2024

this is a terrible class of drugs for long term use and patients become quickly dependent on them -- most of the prescribers have no idea how addictive benzos are or that people can die from the withdrawal .

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JB **John Blanchard**
28 January, 2024

Antianxiety medications are nothing to play around with. Xanax is particularly scary. No one should take them just to "relax" or to get them through a rough patch in their lives. However, they are appropriate if it is determined that the cause of your anxiety is biochemical. Same goes for antidepressant meds.

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CH **Cassandra H**
28 January, 2024

I once thought many of these drugs in the long run caused more problems for people than they helped. It was a rather hard nosed opinion which is wrong to assume everyone is abusing them. Here's the difference for me: patients don't always listen to the warnings about combining drugs and alcohol. I have a family member who takes a few medications for psychiatric reasons but they also are an alcoholic and unfortunately have psychotic episodes ending in emergency room visits. There's no way to force them into treatment for the alcoholism. Benzodiazepines are beneficial for many people and these patients needs should not be dismissed or deemed drug abusers.

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CH **Cassandra H**
28 January, 2024

Read James Witchys comments.

- Share

DR **Donald Ross**
28 January, 2024
I went to alcohol rehab a number of years ago and watched others going through various drug/alcohol withdrawals. The absolute worst was Benzos. One who is taking these might want to do a youtube search for a person undergoing this horrible withdrawal. It made me wonder how anypone could beat that class of drugs.

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BC **Bob Crowley**
28 January, 2024
anxiety and stress are self-inflicted. Work really hard at not inflicting yourself. Drugs should be a last resort.

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AM **Amanda Morin**
28 January, 2024
Try the steps in Dr John Deloney's new book: Building a Less Anxious Life

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JK **John Katz**
28 January, 2024
I think there is a difference between daily use of these drugs, and periodic.

For example, I would never submit to an MRI without a heavy dose of something to calm me. Anyone who claims that facing these MRI fears without anxiety meds would be better for me than drugging the fears into submission is crazy. And more to the point, doesn't know me.

I have no desire to 'navigate this anxiety' on my own. One, I don't believe it's possible. And two, why take the path of greater resistance?

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DR **Donald Ross**
28 January, 2024
There is a difference between a one-time, occasion-driven dose and continuous use.

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